

ultimate arbiters, will not allow the degradation of that kind of service.

That being the stake, I would suggest that all efforts toward influencing the "external environment . . . of evolving patient care and social change affecting medicine" would be worthwhile.

Among these external factors that I can quickly enumerate are the following:

- The danger of nuclear war;
- The costs of an escalating arms race, which not only buy us no security but rob us of the wealth we need to attack health-related problems in society (worldwide expenditures for military purposes for only *four days* would supply enough funds to wipe out malaria, the world's primary cause of morbidity);
- The threatened cuts in services for education, research, child and elder care, and the like.

I noted with considerable pleasure that at the recent meeting of the California Medical Association (CMA) in San Diego, a constitutional amendment was proposed, extending CMA's purpose to include not only the science and art of medicine but also "the care and *well-being* of patients." I believe that this amendment would most certainly obligate CMA members to be very much concerned with the above items.

I also noted an effort to finance a "CMA statewide public information program to enhance the public perception of the physician as the patient's advocate and to improve organized medicine's image." Should such a program *focus* on some of these "external" factors, the dividends could be immense, in my view. However, should the program be more internally directed and possible of interpretation as self-serving, then the investment will be a poor one.

Finally, a word of caution about your reference to the "competence of the medical profession to accomplish" its goals in external purpose. Too often in the past have I experienced recourse to this "lack of competence" (or expertise) as an excuse for inaction. Need one be an "expert" to realize that more than 50,000 nuclear warheads constitute a grave threat to the "well-being" of our patients and society?

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#### REFERENCES

1. Watts MSM: Medical associations and the pace of change (Editorial). West J Med 1985 Feb; 142:249
2. Watts MSM: Concerning physicians' responsibilities to patients and to society (Editorial). West J Med 1985 Mar; 142:388
3. Watts MSM: The stereotype of organized medicine (Editorial). West J Med 1985 Mar; 142:390

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TO THE EDITOR: This is in response to the March editorial "Concerning Physicians' Responsibilities to Patients and to Society."<sup>1</sup> All physicians will agree that the first responsibility of a physician is to his or her patient. Unfortunately, however, modern society in its evolution is attempting to

make physicians the scapegoat of its own political and bureaucratic negligence. Society today demands so much of physicians that many intelligent and conscientious practitioners have left these professional ranks. Your brief summary touches only a few of these present-day problems and I feel there should be a restatement of some of these at least.

(1) Physicians came before licenses by society. The physicians' code as stated by Hippocrates is the true badge of the profession and its principles will outlive all of us. A physician's duty is to her or his patient who is truly ill, not to those persons who feign illness or insult to benefit from what a generous society has to offer. A physician is not the servant of society but of the human being who is sick.

(2) The code of the physician demands maximum skill and for this training is required. The physician pays for this by dedication and the creation of her or his ability by a long educational process. Remuneration for this service must equal or exceed those of lesser training requirements and render a standard of living that is adequate. Entrepreneurs should never be allowed to market the skill of physicians; entrepreneurs will serve their pocketbooks first. Their goals can never take into account the fundamental dedication and generosity of physicians.

(3) Society, through better education and selection of its politicians, should provide better protection for dedicated physicians. Malpractice costs and fears have driven many out of the physician ranks. The cost of practice should not be prohibitive and has already led to extremely high fees. Political and legal philosophy and practice today is predatory and there should be published professional standards by which society can grade and evaluate its lawyers or governmental representatives.

(4) Physicians must not be held responsible for today's health care costs. It is obvious that the plentiful governmental dollars are being chased more by paraprofessional and health-care salesmen than by dedicated physicians. If society does not listen to those who have the courage to speak out, it will know the agony of further costly experience. Private insurance company management through established companies who have industrial medical experience could solve many of today's problems.

(5) Last, the medical profession should seek to hone once again its skills in diagnosis, care of the sick and monitoring of its own standards rather than compete for a position before television cameras. The universities should rely less on government handouts and strive for a stronger but better organized nucleus of professional teaching and responsibility. The entire medical profession cannot be all things to all people but it can be responsible to itself and the sick and not to the whims of a badly managed society.

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1. Watts MSM: Concerning physicians' responsibilities to patients and to society (Editorial). West J Med 1985 Mar; 142:388